

NEBRASKA DEPARTMENT OF INSURANCE

QUARTERLY TAX RETURN/TAX YEAR

PAYMENT DUE: _____ **APRIL 15** _____ **JUNE 15** _____ **SEPTEMBER 15**

COMPANY INFORMATION

Nebraska Co. I.D. No.	Contact Person
NAIC No.	E-Mail Address
Federal Tax I.D. No.	Telephone

Company Name _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

SELECT EITHER THE PRIOR YEAR OR ESTIMATED CURRENT YEAR BASIS. **THE METHOD SELECTED MUST BE USED FOR THE ENTIRE TAX YEAR.**

PRIOR YEAR BASIS

1.	*Prior year premium tax	.00
2.	Enter 25% of Line 1	.00

CURRENT YEAR BASIS

3.	Estimated current year's total premium tax liability	.00
4.	Enter one fourth (1/4) of 80% of Line 3	.00

AMOUNT DUE

5.	Quarterly premium tax installment (enter amount from Line 2 or Line 4)	.00
6.	Deduct credit allowed for previous overpayment	.00
7.	Net premium tax due	.00

***Companies whose prior year premium tax liability is less than four thousand dollars are not required to file quarterly tax returns.**

Remit Quarterly Tax Return and check to:

Nebraska Department of Insurance
941 "O" Street, Suite 400
Lincoln, NE 68508-3639